AND PLAN OF CORRECTION    IDENTIFICATION NUMBER:   A BUILDING:   COMPLETE   17/03/21	Division	of Health Care Fac	ilities				I CITIN	VILLYOVED	
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MAKE OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, MURFREESBORD  MURRRESSORD, TN 37130  PARTY OF THE PROVIDER STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION)  N COOL Initial Comments  During the annual Licensure survey and complaint investigation number 31798, conducted on July 1-3, 2013, at NHC Healthcare, Murfreesboro, no deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.							07/		
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Division of Health Care Facilities  TITLE  (X8) E  LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Admin is the formation of the second state o		Lynn	s took			TITLE A D		(X8) DATE 7 / 17 / 13	

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